

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Extras, Inc.			Date M M M / D D D / Y Y Y Y Y Y Y Y 09 / 12 / 2012		
Mailing Address 151 East Lost Toritos			Amount 1106.53		
City Weslaco		State TX	Zip Code 78596		Transaction ID : D449960
Purpose of Expenditure Canvassers		Category/ Type 001		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Extras, Inc.			Date M M M / D D D / Y Y Y Y Y Y Y Y 09 / 12 / 2012		
Mailing Address 151 East Lost Toritos			Amount 1106.53		
City Weslaco		State TX	Zip Code 78596		Transaction ID : D449962
Purpose of Expenditure Canvassers		Category/ Type 001		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10670.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			2213.06		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M M / D D D / Y Y Y Y Y Y Y Y 09 / 14 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

AFL-CIO

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 815 - 16th Street, NW

Amount

997.61

City

Washington

State

DC

Zip Code

20006

Transaction ID : D449964

Purpose of Expenditure

Robo Calls

Category/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

67757.76

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

The Pivot Group, Inc.

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1720 I Street, NW #550

Amount

10056.18

City

Washington

State

DC

Zip Code

20008

Transaction ID : D449966

Purpose of Expenditure

Direct Mail

Category/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

40600.58

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

11053.79

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

The Pivot Group, Inc.

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1720 I Street, NW #550

Amount

10057.63

City

Washington

State

DC

Zip Code

20008

Transaction ID : D449967

Purpose of Expenditure

Direct Mail

Category/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

40600.58

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mack Crounse Group

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 2001 N. Beauregard Street

Suite 420

Amount

14342.95

City

Alexandria

State

VA

Zip Code

22311

Transaction ID : D449968

Purpose of Expenditure

Direct Mail

Category/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

67757.76

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

24400.58

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Mack Crounse Group

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 2001 N. Beauregard Street

Suite 420

City

Alexandria

State

VA

Zip Code

22311

Amount

14328.52

Transaction ID : D449969

Purpose of Expenditure
Direct MailCategory/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

67757.76

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AFSCME Special Account

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

Amount

1213.85

Transaction ID : D450047

Purpose of Expenditure
In Kind StaffCategory/
Type

001

Office Sought:

☐ House

State:

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Willard Mitt Romney

Calendar Year-To-Date Per Election
for Office Sought

221932.59

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

15542.37

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account			Date M M / D D / Y Y Y Y Y Y Y Y 09 / 12 / 2012		
Mailing Address 1625 L Street, NW			Amount 259.05		
City Washington State DC Zip Code 20036		Transaction ID : D450048			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11862.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account			Date M M / D D / Y Y Y Y Y Y Y Y 09 / 12 / 2012		
Mailing Address 1625 L Street, NW			Amount 954.80		
City Washington State DC Zip Code 20036		Transaction ID : D450049			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1213.85		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 09 / 14 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1625 L Street, NW		Amount 954.80	
City Washington	State DC	Zip Code 20036	Transaction ID : D450051
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1625 L Street, NW		Amount 1213.85	
City Washington	State DC	Zip Code 20036	Transaction ID : D450053
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2168.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 7 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account			Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1625 L Street, NW			Amount 259.05	
City Washington	State DC	Zip Code 20036	Transaction ID : D450055	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11862.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 100 Indiana Avenue, N.W.			Amount 2789.98	
City Washington	State DC	Zip Code 20001	Transaction ID : D450063	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3049.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 8 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 100 Indiana Avenue, N.W.			Amount 541.66	
City Washington	State DC	Zip Code 20001	Transaction ID : D450065	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11862.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 100 Indiana Avenue, N.W.			Amount 899.01	
City Washington	State DC	Zip Code 20001	Transaction ID : D450068	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1440.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 899.01	
City Washington	State DC	Zip Code 20001	Transaction ID : D450077
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 2789.98	
City Washington	State DC	Zip Code 20001	Transaction ID : D450084
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3688.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 10 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 12 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 541.66 </div>
City Washington State DC Zip Code 20001	Transaction ID : D450085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 12 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 51.79 </div>
City Washington State DC Zip Code 20005	Transaction ID : D450096	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 593.45 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79	
City Washington	State DC	Zip Code 20005	Transaction ID : D450097
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79	
City Washington	State DC	Zip Code 20005	Transaction ID : D450099
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	103.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79	
City Washington	State DC	Zip Code 20005	Transaction ID : D450100
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 757.03	
City Beltsville	State MD	Zip Code 20705	Transaction ID : D450101
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		808.82	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p>Ms. Elizabeth H Shuler Signature</p> <p>[Electronically Filed] Date 09 / 14 / 2012</p>			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 301.86	
City Beltsville	State MD	Zip Code 20705	Transaction ID : D450102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 301.86	
City Beltsville	State MD	Zip Code 20705	Transaction ID : D450105
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22932.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	603.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 757.03	
City Beltsville	State MD	Zip Code 20705	Transaction ID : D450106
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221932.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	757.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	67637.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

Signature